

# 1371400

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

| OMB APPROVAL         |           |                            |        |  |  |  |  |
|----------------------|-----------|----------------------------|--------|--|--|--|--|
| Expires:<br>Estimate | d average | 3235<br>April 30<br>burden | , 2008 |  |  |  |  |
|                      | SEC US    | E ONLY                     |        |  |  |  |  |
| Prefix               |           |                            | Serial |  |  |  |  |
|                      | _1        | 1                          |        |  |  |  |  |
|                      | DATE RE   | CEIVED                     |        |  |  |  |  |
|                      | 1         | 1                          |        |  |  |  |  |



UNIFORM LIMITED OFFERING EXEMPTION

| Name of Offering ( check if this is an amend                       | ment and name     | has changed, and ir    | idicate change.)     |             |                     |                            |
|--|-------------------|------------------------|----------------------|-------------|---------------------|----------------------------|
| Limited Liability Company Interests of Potomac                     | Select LLC, Se    | ries III               |                      |             |                     |                            |
| Filing Under (Check box(es) that apply):                           | Rule 504          | ☐ Rule 505             | Rule 506             |             | Section 4(6)        | ULOE                       |
| Type of Filing: New Filing   | Amendment         |                        |                      | Si          | EC Mail Pro         | ocessing                   |
|  | A. BASI           | C IDENTIFICAT          | ION DATA             |             | Sectio              | n                          |
| Enter the information requested about the issu                     | er                |                        |                      |             | ADD 157             | 2008                       |
| Name of Issuer   |                   | nas changed, and in    | dicate change.       |             | MIN .               | <del>-</del> -             |
| Potomac Select LLC, Series III                                     |                   |                        |                      |             | Washingto           | n, DC                      |
| Address of Executive Offices                                       |                   | (Number and Stree      | et, City, State, Zip | Code)       | Telephone Nu        | mber (Including Area Code) |
| c/o Potomac Portfolios, LLC, 5185 MacArthur Bo                     | oulevard, NW, S   | uite 220, Washingt     | on, DC 20016         | (           | 202) 237-887        | 8                          |
| Address of Principal Offices (if different from Executive Offices) |                   | (Number and Stree      | et, City, State, Zip | Code)       | Telephone Nu<br>اکا | mber (Including Area-Code) |
| · · · · · · · · · · · · · · · · · · ·                              |                   |                        |                      |             | U                   | 110000000                  |
| Brief Description of Business: Private Investr                     | nent Company      |                        |                      |             |                     | APR 2 2 2008               |
| Type of Business Organization                                      |                   |                        |                      |             | 1                   | TMOMSON                    |
| ☐ corporation  | ☐ limited (       | partnership, already   | formed               | ⊠ oth       | ner (please sp      | echnancial                 |
| ☐ business trust   | ☐ limited (       | partnership, to be for | med                  | Individual  | series of a Lim     | ited Liability Company     |
|  |                   | Month                  |                      | /ear        | 7                   |                            |
| Actual or Estimated Date of Incorporation or Organi                | zation:           | 0 3                    | 0                    | 6           | 🛚 🖾 Actı            | ual Estimated              |
| Jurisdiction of Incorporation or Organization: (Enter              | two-letter U.S. I | Postal Service Abbre   | eviation for State;  |             | <del></del>         | ·   · · ·                  |
|  | С                 | N for Canada; FN fo    | r other foreign jui  | risdiction) | D                   | E                          |

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5-05)

|  |   | A. BASIC ID   | ENTIFICATION DATA      | Α                |  |
|--|---|---|------------------------|------------------|--|
| <ul> <li>Each beneficial owr</li> <li>Each executive office</li> </ul> | e issuer, if the iss<br>ner having the pov<br>cer and director of | uer has been organized witl<br>ver to vote or dispose, or dir |                        |                  | a class of equity securities of the issuer;<br>tnership issuers; and |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner  | ☐ Executive Officer    | ☐ Director       | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, i  | f individual):  | Potomac Portfolios, L   | LC                     |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | e): 5185 MacArthur Bo  | oulevard, NW, Su | ite 220, Washington, DC 20016  |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner  |                        | Director         | General and/or Managing Partner                                      |
| Full Name (Last name first, i  | if individual):   | Lott, Thomas F.   |                        |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | le): 5185 MacArthur Bo | oulevard, NW, Su | ite 220, Washington, DC 20016  |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner  |                        | Director         | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, i  | if individual):   | McClure, Gordon F.  |                        |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | le): 5185 MacArthur Be | oulevard, NW, Su | ite 220, Washington, DC 20016  |
| Check Box(es) that Apply:  | Promoter  | ☑ Beneficial Owner  | Executive Officer      | Director         | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, i  | if individual):   | Lott Capital  |                        |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | le): 5185 MacArthur Be | oulevard, NW, Su | ite 220, Washington, DC 20016  |
| Check Box(es) that Apply:  | Promoter  | ☑ Beneficial Owner  | ☐ Executive Officer    | Director         | General and/or Managing Partner                                      |
| Full Name (Last name first,  | if individual):   | Katherine & David Br  | radley                 |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | le): 5185 MacArthur Bo | oulevard, NW, Su | ite 220, Washington, DC 20016  |
| Check Box(es) that Apply:  | ☐ Promoter  | ☑ Beneficial Owner  | ☐ Executive Officer    | ☐ Director       | General and/or Managing Partner                                      |
| Full Name (Last name first,  | if individual):   | Kelth Anderson  |                        |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | le): 5185 MacArthur Be | oulevard, NW, Su | ite 220, Washington, DC 20016  |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner  | Executive Officer      | Director         | General and/or Managing Partner                                      |
| Full Name (Last name first,  | if individual):   |   |                        |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | le):                   |                  |  |
| Check Box(es) that Apply:  | Promoter  | ☐ Beneficial Owner  | ☐ Executive Officer    | Director         | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, i  | if individual):   |   |                        |                  |  |
| Business or Residence Add  | ress (Number and  | Street, City, State, Zip Cod                                  | le):                   |                  |  |
| Check Box(es) that Apply:  | Promoter  | Beneficial Owner  | Executive Officer      | Director         | ☐ General and/or Managing Partner                                    |
|  |   |   |                        |                  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|                     | •   |               |             |             | В.           | INFORM     | MATION     | ABOUT                                   | OFFER  | ING         |         |             |              |
|---------------------|---|---------------|-------------|-------------|--------------|------------|------------|---|--------|-------------|---------|-------------|--------------|
| •                   | •   | •             |             |             |              |            |            |   |        |             |         |             |              |
| 1. H                | as the issue  | r sold, or d  | does the is | suer inten  |              |            |            | estors in th<br>lumn 2, if f            |        |             | •••••   | ☐ Yes       | ⊠ No         |
| 2. V                | /hat is the m   | inimum in     | vestment t  | hat will be | accepted     | from any i | ndividual? | *************************************** |        |             |         |             |              |
|                     | ** may be waived  |               |             |             |              |            |            |   |        |             |         | y be waived |              |
|                     |   | -             | -           | -           | -            |            |            |   |        |             |         | ⊠ Yes       | No No        |
| a<br>o<br>a         | any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual) |               |             |             |              |            |            |   |        |             |         |             |              |
| Full Na             | ıme (Last na  | ıme first, if | individual  | )           |              |            |            |   |        |             |         |             |              |
| Busine              | ss or Reside  | ence Addre    | ess (Numb   | per and Str | eet, City, S | State, Zip | Code)      |   |        |             |         | <u> </u>    |              |
| Name                | of Associate  | d Broker o    | or Dealer   |             |              |            |            |   |        |             |         |             |              |
|                     |   |               |             |             |              |            |            |   |        |             |         |             | ☐ All States |
| _                   |   |               |             |             |              |            |            |   | _      |             | [HI]    | [ID]        | All States   |
|                     |   | ☐ [IA]        |             |             |              |            |            |   |        |             | [MS]    |             |              |
| □ [M <sup>-</sup> ] | ] [NE]  | □ [NV]        | □ [NH]      | □ [NJ]      | □ [NM]       | □ [NY]     | □ [NC]     | □ [ND]                                  | □ (OH) | □ [OK]      | [OR]    | □ [PA]      |              |
| ☐ [RI               | □ (SC)  | ☐ [SD]        | [TN]        | □ [TX]      | [TU]         | □ [VT]     | □ [VA]     | [WA]                                    | [WV]   | □ [WI]      | □ [WY]  | ☐ [PR]      |              |
| Full Na             | ıme (Last na  | ıme first, if | individual  | )           |              |            |            |   |        | <del></del> |         |             |              |
| Busine              | ss or Reside  | ence Addr     | ess (Numb   | per and Str | eet, City, S | State, Zip | Code)      |   |        |             |         |             |              |
| Name                | of Associate  | d Broker o    | or Dealer   |             |              |            |            |   |        |             |         |             |              |
|                     |   |               |             |             |              |            |            |   |        |             |         |             | ☐ All States |
| _ `                 | _   | ☐ [AZ]        |             |             | •            |            |            |   | [FL]   | [GA]        | [HI]    | [1D]        |              |
| ☐ ((L)              | [NI]  | □ [IA]        | ☐ [KS]      | □ [KY]      | ☐ (LA)       | ☐ (ME)     |            | ☐ [MA]                                  | [MI]   | ☐ [MN]      | ☐ [MS]  | [MO]        |              |
| ☐ [M <sup>-</sup>   |   | □ [NV]        | □ [NH]      | □ [NJ]      | ☐ [NM]       | □ [NY]     | □ [NC]     | □ [ND]                                  | □ [OH] | □ [OK]      | □ [OR]  | [PA]        |              |
| ☐ [Ri               |   | ☐ [SD]        | [MT]        |             | [TU]         |            | □ [VA]     | □ [WA]                                  | □ [WV] | [WI]        |         | □ [PR]      |              |
| Full Na             | ıme (Last na  | ume first, if | individual  | )           |              | •          |            |   |        |             |         |             |              |
| Busine              | 3. Does the offering permit joint ownership of a single unit?   |               |             |             |              |            |            |   |        |             |         |             |              |
| Name                | of Associate  | d Broker o    | or Dealer   |             |              |            |            |   |        |             |         |             |              |
| _ (6                | Check "All St   | ates" or ch   | neck indivi | dual State  | s)           |            |            |   |        |             |         |             | ☐ All States |
|                     |   |               |             |             |              |            | _          |   |        |             | _ ` `   | _ ` `       |              |
|                     |   |               |             |             |              |            |            |   |        |             |         |             |              |
| -                   |   |               |             |             |              |            |            |   |        |             |         |             |              |
|                     |   | [] [SD]       |             | ᆸᇈ          | [[ייטן       | (IV)       | □ [VA]     | □ [WA]                                  | □ (wv) | ∟ [Wi]      | LJ [WY] |             |              |

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|    | sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |             |                             |           |  |
|----|---|-------------|-----------------------------|-----------|--|
|    | Type of Security  |             | Aggregate<br>Offering Price |           | Amount Already<br>Sold                     |
|    | Debt  | . \$        | 0                           | <u>\$</u> | 0  |
|    | Equity  | . <b>\$</b> |                             | \$        |  |
|    | ☐ Common ☐ Preferred  |             |                             |           |  |
|    | Convertible Securities (including warrants)   | . <u>\$</u> | 0                           | <u>\$</u> | 0  |
|    | Partnership Interests   | . <u>\$</u> | 0                           | <u>\$</u> | 0  |
|    | Other (Specify)Limited Liability Company Interests)   | . <u>\$</u> | 100,000,000                 | \$        | 6,901,000                                  |
|    | Total   | \$          | 100,000,000                 | \$        | 6,901,000                                  |
|    | Answer also in Appendix, Column 3, if filing under ULOE   |             |                             |           |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |             | Number<br>Investors         |           | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  |             | 18                          | \$        | 6,901,000                                  |
|    | Non-accredited Investors  | ·           | 0                           | \$        | 0  |
|    | Total (for filings under Rule 504 only)   |             | N/A                         | \$        | N/A  |
|    | Answer also in Appendix, Column 4, if filing under ULOE   |             |                             |           |  |
| 3. | If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.   |             |                             |           |  |
|    | Type of Offering  |             | Types of<br>Security        |           | Dollar Amount<br>Sold                      |
|    | Rule 505  |             | N/A                         | <u>\$</u> | N/A  |
|    | Regulation A  |             | N/A                         | \$        | N/A  |
|    | Rule 504  |             | N/A_                        | \$        | N/A  |
|    | Total   |             | N/A                         | \$        | N/A  |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |             |                             |           |  |
|    | Transfer Agent's Fees   |             | 🗖                           | <u>\$</u> | 0  |
|    | Printing and Engraving Costs  |             | 📮                           | \$_       | 0  |
|    | Legal Fees  |             | 🖾                           | \$        | 30,750                                     |
|    | Accounting Fees   |             | 🗖                           | \$        | 0  |
|    | Engineering Fees  |             | 🗆                           | \$        | 0  |
|    | Sales Commissions (specify finders' fees separately)  |             | 🗆                           | \$        | 0  |
|    | Other Expenses (identify)   |             | 🗆                           | \$        | 0  |
|    | Total   |             | 🛛                           | \$        | 30,750                                     |
|    |   |             |                             |           |  |

| 4 b. Enter the difference between the aggregate offering price given in response to Part C— Question 1 and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  5 Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.  Payments to Officers, Directors & Affiliates  Salaries and fees   | EED         | S   |          |
|--|-------------|---|----------|
| used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.  Payments to Officers, Directors & Affiliates  Salaries and fees  | <u>\$</u>   | 99,969,250                                      | _        |
| Purchase of real estate  |             | Payments to<br>Others                           |          |
| Purchase, rental or leasing and installation of machinery and equipment  |             | \$ (  | 0_       |
| Construction or leasing of plant buildings and facilities  |             | \$ (  | 0_       |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer   |             | \$ (  | 0_       |
| offering that may be used in exchange for the assets or securities of another issuer   |             | \$ (  | 0        |
|  |             |   |          |
| pursuant to a merger   |             | \$ (  | 0_       |
| Repayment of indebtedness  |             | \$ (  | 0_       |
| Working capital  |             | \$ (  | 0_       |
| Other (specify): Limited Liability Company Interests   \$ 0  | $\boxtimes$ | \$ 99,969,250                                   | 0        |
| <b>\$</b> 0  |             | \$ (  | 0_       |
| Column Totals  | ☒           | \$ 99,969,250                                   | <u>0</u> |
| Total payments Listed (column totals added)  | 9,96        | 9,250   |          |
| D. FEDERAL SIGNATURE   | ·           |   | _        |
| This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 5 constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its stable to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.   | 505, the    | e following signature<br>e information furnishe | d        |
| Issuer (Print or Type)  Potomac Select LLC, Series III  Date  Date |             | 1 11, 2008                                      |          |
| Name of Signer (Print or Type) Thomas F. Lott  Title of Signer (Print or Type) President of Potomac Portfolios, LLC, Managing Member of Po   | otomac      | Select LLC, Series                              |          |
|  |             |   |          |
|  |             |   |          |
|  |             |   |          |
|  |             |   |          |
|  |             |   |          |
|  |             |   |          |
|  |             |   |          |

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| •        |   | E. STATE SIGNATURE  |                                  |  |  |  |  |  |  |
|----------|---|---|----------------------------------|--|--|--|--|--|--|
| 1.       | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? ☐ Yes ☑ No   |   |                                  |  |  |  |  |  |  |
|          | See A   | appendix, Column 5, for state response.   |                                  |  |  |  |  |  |  |
| 2.       | <ol> <li>The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D<br/>(17 CFR 239.500) at such times as required by state law.</li> </ol> |   |                                  |  |  |  |  |  |  |
| 3.       | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.   |   |                                  |  |  |  |  |  |  |
| 4.       |   | uer is familiar with the conditions that must be satisfied to be entitl<br>tice is filed and understands that the issuer claiming the availabilit<br>satisfied. |                                  |  |  |  |  |  |  |
|          | uer has read this notification and knows the conte<br>zed person.   | ents to be true and has duly caused this notice to be signed on its   | behalf by the undersigned duly   |  |  |  |  |  |  |
| Issuer ( | (Print or Type)   | Signature   | Date                             |  |  |  |  |  |  |
| Potoma   | ac Select LLC, Series III   | 1 1 24/45   | April 11, 2008                   |  |  |  |  |  |  |
|          | of Signer (Print or Type)<br>s F. Lott  | Title of Signel (Print of Type)  President of Potomac Portfolios, LLC, Managing Membe   | er of Potomac Select LLC, Series |  |  |  |  |  |  |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|          |                                  |                                       |   | APF                                  | PENDIX   |  |              |                       |  |
|----------|----------------------------------|---------------------------------------|---|--------------------------------------|--|--|--------------|-----------------------|--|
| <u> </u> | ٠                                |                                       |   |                                      |  | 4  | <del> </del> | I                     |  |
| 1        | Intend to sell to non-accredited |                                       | 3 Type of security and aggregate offering price |                                      | 5 Disqualification under State ULOE (if yes, attach explanation of |  |              |                       |  |
|          | investors<br>(Part B -           | in State<br>- Item 1)                 | offered in state<br>(Part C – Item 1)           |                                      | amount purch<br>(Part C  | nased in State<br>- Item 2)              |              | waiver g<br>(Part E - | ranted)<br>Item 1)                               |
| State    | Yes                              | No                                    | Limited Liability<br>Company Interests          | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount       | Yes                   | No   |
| AL       |                                  |                                       |   |                                      |  |  |              |                       |  |
| AK       |                                  |                                       |   |                                      |  |  |              |                       |  |
| AZ       |                                  | Х                                     | \$100,000,000                                   | 1                                    | \$500,000  | 0  | \$0          |                       | х  |
| AR       |                                  |                                       |   |                                      |  |  |              |                       |  |
| CA       |                                  | X                                     | \$100,000,000                                   | 1                                    | \$600,000  | 0  | \$0          |                       | x  |
| СО       |                                  |                                       |   |                                      |  |  |              |                       |  |
| СТ       |                                  |                                       |   |                                      |  |  |              |                       |  |
| DE       |                                  | · · · · · · · · · · · · · · · · · · · |   |                                      |  |  |              |                       |  |
| DC       |                                  | Х                                     | \$100,000,000                                   | 5                                    | \$2,451,000  | 0  | \$0          |                       | X  |
| FL       | :                                |                                       |   |                                      |  |  |              |                       |  |
| GA       |                                  |                                       |   |                                      | <u></u>  |  |              |                       |  |
| HI       |                                  |                                       |   |                                      |  |  |              |                       |  |
| ID       |                                  | ····                                  |   |                                      |  |  |              |                       |  |
| IL       |                                  |                                       |   |                                      |  |  |              |                       |  |
| IN       |                                  |                                       |   |                                      |  |  |              |                       |  |
| IA       |                                  |                                       |   |                                      |  | ļ <u></u>                                |              |                       |  |
| KS       |                                  | 1                                     |   |                                      |  |  |              |                       |  |
| KY       |                                  |                                       |   |                                      |  |  |              |                       |  |
| LA       |                                  |                                       |   |                                      |  |  |              |                       |  |
| ME       |                                  |                                       |   |                                      |  |  |              |                       |  |
| MD       |                                  |                                       |   |                                      |  |  |              | <u> </u>              |  |
| MA       |                                  | X                                     | \$100,000,000                                   | 1                                    | \$300,000  | 0  | \$0          |                       | X  |
| MI       |                                  |                                       |   |                                      |  |  |              |                       |  |
| MN       | !                                |                                       |   |                                      |  |  |              |                       |  |
| MS       |                                  |                                       |   |                                      |  |  | <del> </del> | <u> </u>              |  |
| МО       |                                  | <del></del>                           |   |                                      |  |  |              |                       | <del>                                     </del> |
| MT       |                                  | <del></del>                           |   |                                      |  |  |              |                       |  |
| NE       |                                  |                                       |   |                                      |  |  |              |                       |  |
| NV       |                                  |                                       |   |                                      |  |  |              |                       |  |
| NH       |                                  | X                                     | \$100,000,000                                   | 1                                    | \$450,000  | 0  | \$0          |                       | Х  |
| NJ       |                                  |                                       |   |                                      |  |  |              |                       |  |
| NM       |                                  |                                       |   |                                      |  |  |              |                       | <u> </u>   |

|       | •        |    |  | APF                                  | PENDIX   |  |        |       |   |  |  |
|-------|----------|----|--|--------------------------------------|--|--|--------|-------|---|--|--|
| 1     | 1 2 3 4  |    |  |                                      |  |  |        |       |   |  |  |
|       | to non-a |    | Type of security and aggregate offering price offered in state (Part C – Item 1) |                                      | Type of investor and Amount purchased in State (Part C – Item 2) |  |        |       | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E – Item 1) |  |  |
| State | Yes      | No | Limited Liability<br>Company Interests   | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes   | No  |  |  |
| NY    |          | х  | \$100,000,000  | 6                                    | \$2,050,000  | 0  | \$0    |       | х   |  |  |
| NC    |          | х  | \$100,000,000  | 1                                    | \$200,000  | 0  | \$0    | ····· | Х   |  |  |
| ND    |          |    |  |                                      | •  |  |        |       |   |  |  |
| ОН    |          |    |  |                                      |  |  |        |       |   |  |  |
| ок    |          |    |  |                                      |  |  |        |       |   |  |  |
| OR    |          |    |  |                                      |  |  |        |       |   |  |  |
| PA    |          | Х  | \$100,000,000  | 1                                    | \$100,000  | 0  | \$0    |       | х   |  |  |
| RI    |          |    |  |                                      |  |  |        |       |   |  |  |
| sc    |          |    |  |                                      |  |  |        |       |   |  |  |
| SD    |          | х  | \$100,000,000  | 1                                    | \$250,000  | 0  | \$0    |       | х   |  |  |
| TN    |          |    |  |                                      |  |  |        |       |   |  |  |
| TX    |          |    |  |                                      |  |  |        |       |   |  |  |
| UT    |          |    |  |                                      |  |  |        |       |   |  |  |
| VT    |          |    |  |                                      |  |  |        |       |   |  |  |
| VA    |          |    |  |                                      |  |  |        |       | <u> </u>  |  |  |
| WA    |          |    |  |                                      |  |  |        |       |   |  |  |
| wv    |          |    |  |                                      |  |  |        |       |   |  |  |
| WI    |          |    |  |                                      |  |  |        |       | 1   |  |  |
| WY    |          |    |  |                                      |  |  |        |       | <u> </u>  |  |  |
| PR    |          | L  |  |                                      |  |  |        |       | <u>.                                    </u>  |  |  |

